7011 2000 0001 6457 5399 7011 2000 0001 6457 5313 7011 2000 0001 6457 5320

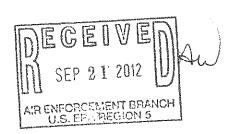


September 14, 2012

Chief, Environmental Enforcement Section Environment and Natural Resources Division U.S. Department of Justice Box 7611 Ben Franklin Station Washington, DC 20044-7611

Air and Radiation Division EPA Region 5 77 W. Jackson Blvd (AE-17J) Chicago, IL 60604 Attn: Compliance Tracker

Office of Region Counsel EPA Region 5 77 W. Jackson Blvd (C-14J) Chicago, IL 60604



RE: DOJ No. 90-5-2-1-09022 Vertellus Agriculture & Nutrition Specialties LLC Indianapolis Indiana Compliance Status Report

To Whom It May Concern:

Vertellus Agriculture & Nutrition Specialties LLC (Vertellus) respectfully submits the enclosed Corrective Action Plan (CAP) as required in Paragraph 46 of the Consent Decree between the United States of America and Vertellus, Civil Action No. 1:09-cv-1030 SEB-TAB.

If you have any questions, please contact me at 317-248-6511.

Sincerely,

Tamra Kress
EHS&S Manager

Cc: John Jones, Vertellus
Anne Frye, Vertellus
Constantinos Loukeris, EPA
Deboraha Carlson, EPA
David Harrison, IDEM (via email)



Vertellus Agriculture & Nutrition Specialties LLC Indianapolis Indiana

Corrective Action Plan (CAP)

Preliminary included in Final

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1. Purpose

The Enhanced LDAR Program (ELP) required by the Consent Decree (CD) with the U.S. Environmental Protection Agency (EPA), Civil Action No. 1:09-cv-1030 SEB-TAB as Lodged on August 21, 2009 and Effective December 1, 2009 (CD), requires Vertellus Agriculture & Nutrition Specialties LLC (Vertellus) to develop a preliminary corrective action plan no later than 30 days after each LDAR Audit Completion Date if the result of the audit identify any areas of non-compliance or if the Comparative Monitoring Leak Ratio is 3.0 or higher.

By no later than 90 days after the LDAR Audit Completion Date, Vertellus shall submit the final Corrective Action Plan (CAP) to EPA along with a certification of the completion of each item of corrective action.

Any action that is not completed within 90 days will be completed as expeditiously as practicable and a proposed schedule with explanations will be provided in this report. Vertellus shall submit a supplemental certification of completion by no later than 30 days after completing all actions.

2. Areas of Concern/Non-Compliance Identified in LDAR Audit

The areas of non-compliance as identified and confirmed from the Results of LDAR Third-Party Audit report completed by Environmental Resources Management (ERM) dated June 29, 2012 are as follows:

- Connector 03853.01 was not monitored within 24 hours of the repair (repaired on August 25, 2010),
- Monitoring technician did not sign the certification form on 2 occasions (2/7/11 and 12/8/11),
- There were 5 open-end lines found not capped during the comparative monitoring,
- There were 3 purge containers found during the comparative monitoring that were not appropriately closed.

3. Comparative Monitoring Leak Ratios

Vertellus shall describe the systemic causes and actions to take for any Comparative Monitoring Leak Ratio that is 3.0 or higher. The following data is the Comparative Monitoring Leak Ratios for Plant 27.

Equipment Type	Comparative Monitoring Leak Ratio
Valve	0.4
Pump	0.0
Agitator	0.0
Connector	0.6
OELCD	0.0

All of the Comparative Monitoring Leak Ratios are below 3.0.

4. Corrective Actions for Areas of Concern Identified in LDAR Audit (Preliminary Corrective Action Plan as identified within 30 day of the audit completion)

The actions are compiled below:

- ACTION the connector that was not monitored within 24 hours of the repair was
 identified in the Certification of Compliance submitted to EPA in December of 2010
 (previously reported to EPA). EMSI assigned full-time personnel to the site in 2011
 to aid in communication and availability of the monitoring technician. No additional
 action is need at this time.
- 2. ACTION— on two occasions, daily certifications were not signed by the monitoring technician. This was reviewed with EMSI and procedural changes are already in place. For each day that monitoring occurs, the technician calibrates the equipment prior to leak monitoring. A calibration drift assessment is completed at the end of each day. This information is recorded on the Individual Calibration Log generated in Excel. This log also contains the daily certification statement. The technician now applies a dated, electronic signature at the time the drift assessment data is completed within the log. This should reduce the risk of the technician completing the log and not signing it after it has been printed. No additional action is needed at this time.
- 3. ACTION open-end lines were not appropriately closed and noted during the Third-Party audit. It is the site policy that all open-end lines are closed except during operations requiring process fluid flow through the equipment. This policy is reviewed frequently with operating personnel. This requirement will be added to the annual LDAR training. The training revision was completed on August 28, 2012.
- 4. ACTION sampling purge containers were not appropriately closed and noted during the Third-Party audit. It is the site policy that all containers are closed when not being filled or emptied. This policy is reviewed frequently with operating personnel. This requirement was added to the annual LDAR training. The training revision was completed on August 28, 2012.

5. Schedule for Completion of Corrective Actions

The following dates are provided as part of the schedule for completion of corrective actions. All attempts will be made to complete the actions above within 90 days.

- LDAR Audit Commencement Date- May 7, 2012
- LDAR Audit Completion Date-June 29, 2012
- Preliminary Corrective Action Plan-July 29, 2012

Final CAP submitted to EPA- September 27, 2012

The preliminary schedule is to complete all action items by August 31, 2012.

6. Completion of Corrective Actions-Final Corrective Action Plan

All of the Actions identified in Section 4 were completed by August 31, 2012 as identified in the preliminary schedule.

There are no actions to complete extending greater than 90 days therefore, a supplemental certification of completions is not required. The certification of completion is provided as Section 8 of this report.

7. Clarification of Audit Findings Not Requiring Corrective Action

The following information is provided for clarification on audit findings 1, 3, 4, 5, 6, 8, and 10.

- Finding 1—Valve # 02845 was monitored on June 21, 2010 (440 ppm) and the first attempt at repair was June 25, 2010. The valve was monitored following the repair and found to still be leaking at 298 ppm. To make a final attempt at repair or replace the valve would require a process shutdown. The valve was placed on the DOR list with the required signature dated July 23, 2010. The valve was replaced on August 4, 2010. The finding states that the final attempt at repair or placement on the DOR list should have been completed within 15 days after detection of the leak. 40 CFR 63.171 does not have signatory requirements for placement of equipment on DOR. The CD does require sign-off from the unit supervisor or person of similar authority that the repair is technically infeasible without a unit shutdown. There is no language in Paragraph 26 that states that the sign-off must occur within 15 days of the initial leak detection.
- Finding 3—Valve 03606 was replaced during a piping upgrade and not because the valve leaked. The piping modification was a result of a leak on valve 03575. MOC 27-110020 was generated for the packing replacement on valve 03575. The text of the MOC should also have included the piping modification (which was communicated verbally to the Environmental Department). The date that valve 03606 was replaced with a low-leak valve will be corrected with the date on work order 9000721.
- Finding 4—As noted for Finding 1, the CD does not require that the sign-off for equipment to be placed on the DOR list must occur within 15 days of the initial leak detection.
- Finding 5—All of the five records noted were found in the file with the appropriate signatures with the exception of 2/7/11 which was not signed as noted above in Section 2 under the second bullet.

- Finding 6—EMSI utilizes a programmable, electronic data logger to collect monitoring data. The data logger is programed so that the time spent monitoring each piece of equipment meets the requirements of Method 21. The data logger is programed as follows:
 - o Minimum 15 seconds required for equipment ≤ 2 inches,
 - o Minimum 25 seconds required for equipment ≥2 inches and ≤ 4 inches,
 - o Minimum 30 seconds required for equipment ≥4 inches and ≤ 6 inches,
 - o Minimum 35 seconds required for equipment ≥6 inches and ≤8 inches,

Given the protection provided by the data logger and the knowledge that many pieces of equipment are very closely spaced, Vertellus found no evidence of noncompliance.

- Finding 8—The actual closing of the valves was not witnessed during the audit. Vertellus requires a cap on all LDAR open-end lines so that the order in which the valves are closed does not cause a non-compliance with the regulations.
- Finding 10—EMSI conducts quarterly inspections of all equipment in conjunction with the valve monitoring. This insures that changes are found and that monitoring periods are not missed. All of the LDAR equipment is identified by number in the database but connectors are not typically tagged.

8. Certification of the Completion of each Item of Corrective Action (For Final CAP)

I certify under penalty of law that I have examined and am familiar with the information submitted in this document and all attachments and that this document and its attachments were prepared either by me personally or under my direction or supervision in a manner designed to ensure that qualified and knowledgeable personnel properly gather and present the information contained therein. I further certify, based on my personal knowledge or on my inquiry of those individuals immediately responsible for obtaining the information, that the information is, to the best of my knowledge and belief, true, accurate, and complete.

Site Director Brian Bence

Signature

Date

9/14/2012